

Attachment #2

No. _____

**THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF**

**IN THE _____ DISTRICT COURT
IN AND FOR**

COUNTY, TEXAS

HEALTH AUTHORITY'S AFFIDAVIT OF MEDICAL EVALUATION

I, the undersigned, a health authority in the State of Texas under Article 4436b, V.T.C.S., do hereby certify to the best of my knowledge:

1. The name and address of the physician that examined the proposed patient is:

2. The name and address of the proposed patient is:

3. That on the _____ day of, _____ 2000, the proposed patient was examined at the following location:

4. A brief diagnosis of the physical and mental condition of the proposed patient on said date is: {pulmonary tuberculosis) _____

5. An accurate description of the treatment plan, if any, given by or administered by the examining physician is as follows:

6. That I am of the opinion that the proposed patient is infected with a communicable disease (tuberculosis) that presents a threat to the public health and as a result of that communicable disease (tuberculosis) proposed patient is likely to cause serious harm to himself, and will if not observed, isolated, and treated, continue to endanger the public health; and the detailed basis for this opinion is as follows:

7. (NOTE: COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF A MOTION FOR AN ORDER FOR PROTECTIVE CUSTODY.)

That I am further of the opinion that the proposed patient presents a substantial risk of serious harm to self or others if not immediately restrained, the detailed basis for this opinion being:

8. (NOTE: COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF EXTENDED ORDERS FOR THE MANGEMENT OF A PERSON WITH A COMMUNICABLE DISEASE.)

That I am further of the opinion that the proposed patient's condition is expected to continue for more than 90 days; and the detailed basis for that opinion is as follows:

Signed: _____

Health Authority

Signed and Dated this the _____ day of _____, 2000

Notary Public, State of Texas